

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**-62-029029**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

**318**

Primary Registration District No.

**1003**

Registrar's No.

**7514**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED AUG 6 1962**

1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN **St. Louis**

Length of stay in 1b  
**26 yrs**

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION **D.O.A. City Hospital**

Inside Limits  
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY

c. CITY OR TOWN **St. Louis** Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location) **3722 Cook Ave.**  
Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

**EMILY**

**BALLOT**

**PAGE**

4. DATE OF DEATH

Month

Day

Year

**July**

**29**

**1962**

5. SEX

**Female**

6. COLOR OR RACE

**Col**

7. Married ☐ Never Married ☐  
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

**11-4-1887**

9. AGE (last birthday)

**74**

IF UNDER 1 YEAR IF UNDER 24 HR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

**Housework**

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

**Bastrop**

**La**

**U S A**

12. CITIZEN OF WHAT COUNTRY

13a. FATHER'S NAME

**Mitchell Hamlin**

13b. MOTHER'S MAIDEN NAME

**Lizzy Hamlin**

14. NAME OF HUSBAND OR WIFE

**Ambrose A. Page**

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

**No**

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

**James N. Harris 4246 W. Page Ave**

18. CAUSE OF DEATH (Enter only one cause per line. If death was caused by:

IMMEDIATE CAUSE (a)

**Acute Coronary Occlusion**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

**Arteriosclerotic Heart Disease**

DUE TO (c)

**420.0**

INTERVAL BETWEEN ONSET AND DEATH

**several min.**

**several**

**years**

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE

☐ ☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m.  
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **May 30, 1958** to **July 29, 1962** and last saw her alive on **May 13, 1962**

Death occurred at **9:00 P.M.** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

**Benard C. Randle, MD**

22b. ADDRESS

**1903a Easton**

22c. DATE SIGNED

**7-30-62**

23a. BURIAL, CREMATION, REMOVAL (Specify)

**Removal**

23b. DATE

**8-1-1962**

23c. NAME OF CEMETERY OR CREMATORY

**National**

23d. LOCATION (City, town, or county)

**Jefferson Brks**

(State)

**Mo**

24. FUNERAL DIRECTOR

ADDRESS

**JAS H. RANDLE & SON 3133 Bell Ave**

DATE OF REGISTRATION

**JUL 31 1962**

26. REGISTRAR'S SIGNATURE

**Carl Smith, M.D.**

USE BLACK INK  
OR  
TYPEWRITER RIBBON

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Esther K. Harris

Licensed Embalmer No. 4458

P. O. Address 481 Washington

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.